

**EVALUATION OF THE FRESH EMPIRE CAMPAIGN ON TOBACCO
WEB SCREENER SURVEY**

Form Approved
OMB No. 0910-0788
Exp. Date 05/31/2018

**Evaluation of the Fresh Empire Campaign on Tobacco- Web Screener
(EFFECT-S)**

Subjects for Questionnaire:
Section S: Study Screener

Welcome! To provide the best browsing experience, please enter your date of birth. ALLOW ALL AGES TO PROCEED.

WELCOME This survey contains questions about you and your friends. It should take less than 5 minutes to complete. Please take your time and answer each question.

NEXT

WECON We would like to ask you some questions about yourself and your friends. Your participation is voluntary. You can quit the survey at any time. No absolute guarantees can be made because of the technology used for electronic surveys like these, but we are taking extensive precautions to protect the confidentiality of your data.

There are no physical risks to you from participating in this survey. It is possible that some questions might make you mildly uncomfortable, depending on your responses.

There are no direct benefits to you from answering our questions. However, you will be contributing to important research related to tobacco use among youth.

[IF CAPI] If you meet our criteria to participate in the study, and we get your parent or guardian's permission, we will invite you to continue on and answer a 40 minute survey on this laptop. You can decide whether or not you want to take the survey. If you decide to take the survey, you will receive \$25 upon completion. We may contact you again to invite you to participate in two additional surveys every six months.

[IF WEB AND 15 TO 17] If you meet our criteria to participate in the study, you will be invited to take part in our web survey. Your answers will not be shared with your parent or guardian. This is a 40-minute survey online. You can decide whether or not you want to take the survey. If you decide to take the survey, you will receive a \$25 virtual gift card upon completion. We may contact you again to invite you to participate in two additional surveys every six months.

[IF WEB AND 18 AND OLDER] If you meet our criteria to participate in the study, you will be invited to take part in our web survey. This is a 40-minute survey online. You can decide whether or not you want to take the survey. If you decide to take the survey, you will receive a \$25 virtual gift card upon completion. We may contact you again to invite you to participate in two additional surveys every six months.

[IF WEB AND YOUNGER THAN 15] If you meet our criteria to participate in the study, you will be invited to provide **your email address or mobile number and a parent or legal guardian's first name and phone number** so that we can get their permission for you to participate in our study. Your answers will not be shared with your parent or guardian. Once we receive your parent or guardian's permission, we will email or text you a link to invite you to take a 40-minute survey online. You can decide whether or not you want to take the survey. If you decide to take the survey, you will receive a \$25 virtual gift card upon completion. We may contact you again to invite you to participate in two additional surveys every six months.

Please check the appropriate box below.

[IF CAPI] I understand that I will be answering some questions about myself, and if I meet the criteria and if my parents provide permission, I will be invited to answer a 40 minute survey for \$25.

[IF WEB AND YOUNGER THAN 15]

I understand that I will be answering some questions about myself, and if I meet the criteria will need to provide my email or mobile number and my parents' first name and phone number to get their permission for me to be in the study.

[IF WEB AND 15 OR OLDER]

I understand that I will be answering some questions about myself, and if I meet the criteria I will be invited to participate in a 40 minute survey for \$25.

- I understand - GO TO S0
- I decline to participate - GO TO REF

If you have any questions about the survey, please contact our research team at efectsurvey@rti.org or call 800-845-6708.

REF Thank you for your interest in the study. You do not qualify to participate.

S0. [IF WEB] How did you find out about this survey?

1. Facebook ad/Sponsored NewsFeed story
2. Twitter ad/Promoted Tweet
3. Instagram/Sponsored post on Instagram
4. Someone sent it to me on Facebook
5. Someone sent it to me on Twitter
6. Someone sent it to me in another way
7. Another way (Specify)

9. Prefer not to answer

S2. What is your gender?

- ₁ Female
- ₂ Male
- ₃ Other (Please specify _____)

- ₉ Prefer not to answer

S3. Are you of Hispanic, Latino/a, or Spanish origin? Check all that apply.

- ₁ No, not of Hispanic, Latino, Latina, or Spanish origin
- ₂ Yes, Mexican, Mexican American, Chicano or Chicana
- ₃ Yes, Puerto Rican
- ₄ Yes, Cuban
- ₅ Yes, Another Hispanic, Latino/a or Spanish origin

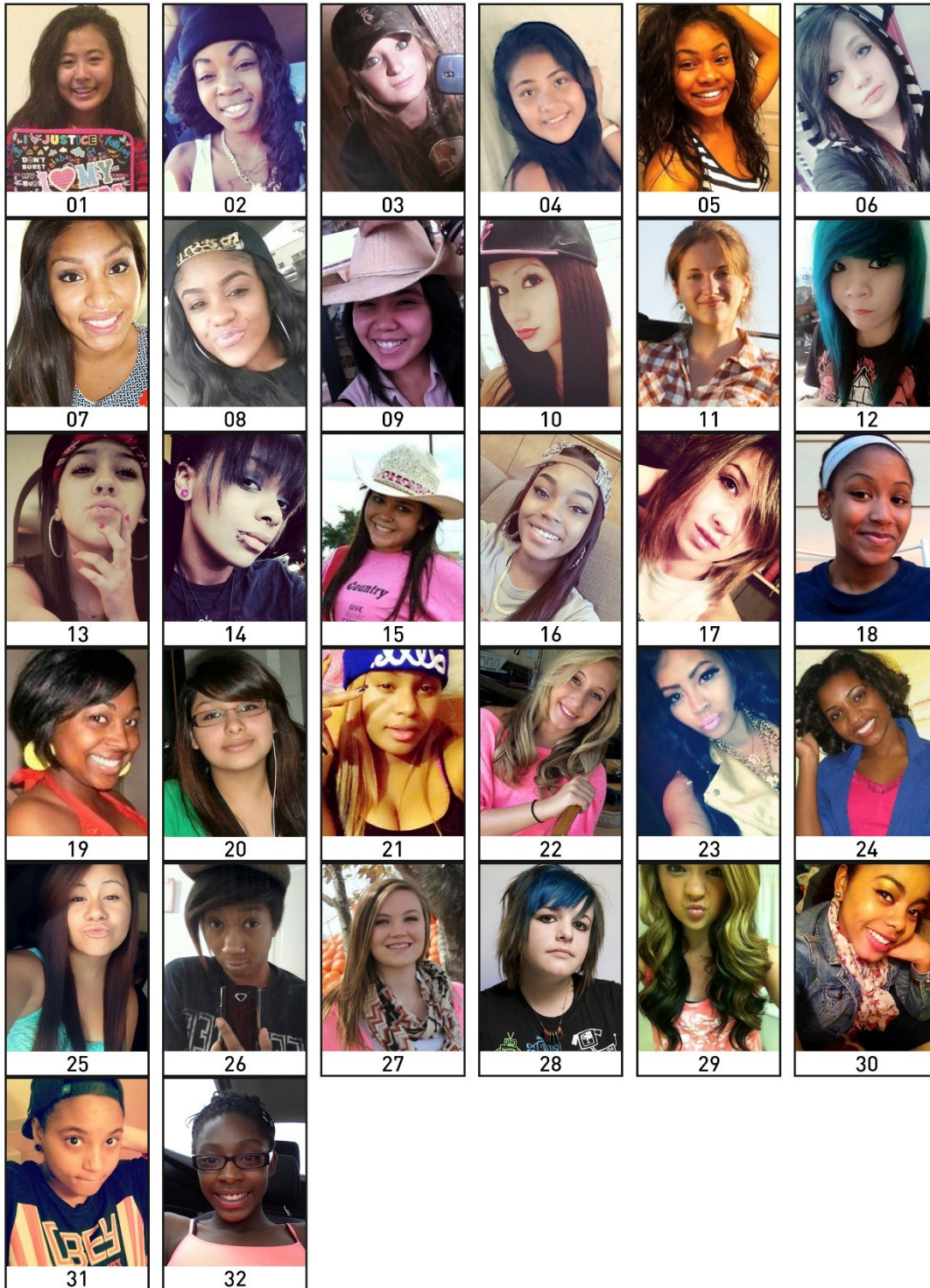
- ₉ Prefer not to answer

S4. What race or races do you consider yourself to be? Select all that apply.

- ₁ American Indian or Alaska Native
- ₂ Asian
- ₃ Black or African American
- ₄ Native Hawaiian or Other Pacific Islander
- ₅ White
- ₆ Other (specify)

- ₉ Prefer not to answer

[DISPLAY I-BASE PHOTO ARRAY OF 32 FEMALES, then ask S5a and S5b]



S5a. Rank the three people that would BEST FIT in your main group of friends, starting with the best fit. Enter the number that matches each person below.

Best Fit _____

Second Best Fit _____

Third Best Fit _____

S5b. Rank the three people that would LEAST FIT in your main group of friends, starting with the worst fit. Enter the number that matches each person below.

Worst Fit _____

Second Worst Fit _____

Third Worst Fit _____

[DISPLAY I-BASE PHOTO ARRAY OF 32 MALES, then ask S6a and S6b]



S6a. Rank the three people that would BEST FIT in your main group of friends, starting with the best fit. Enter the number that matches each person below.

Best Fit _____
Second Best Fit _____
Third Best Fit _____

S6b. Rank the three people that would LEAST FIT in your main group of friends, starting with the worst fit. Enter the number that matches each person below.

Worst Fit _____
Second Worst Fit _____
Third Worst Fit _____

S7. [IF WEB] What is your zip code?

₃ Don't know

₉ Prefer not to answer

VALIDATE ZIP. IF NOT VALID, SKIP TO S9.

S7a. What is your date of birth?

MM/DD/YYYY

PROGRAMMER NOTE: WEB RESPONDENTS DOB AT FIRST QUESTION SHOULD MATCH S7A. IF MISMATCH, MAKE INELIGIBLE.

A HIP HOP SCORE OF 4 OR HIGHER IS ELIGIBLE
4 through 12 is eligible. Otherwise, not eligible.

IF AGE = 13-17 THEN GO TO S8. IF AGE NE 13-17 THEN GO TO S9.

S9. [IF NOT ELIGIBLE] That was the last question. Unfortunately, you do not qualify for the study. Thank you for your time and responses. [IF CAPI] Please give the laptop back to the interviewer.

ELIGCAPI. [IF CAPI] Thank you for your responses. You are eligible to take move on and answer the next survey. This survey takes about 40 minutes to complete. Once you complete that survey, you will receive \$25. Please tell your interviewer that you have finished.

ENTER

ELIGLAST. [IF CAPI] INTERVIEWER: THIS RESPONDENT IS ELIGIBLE FOR THE STUDY. IF THE RESPONDENT IS AVAILABLE, PLEASE OPEN THE CHILD INTERVIEW. IF NOT, MAKE AN APPOINTMENT.

END

S8. [IF WEB] What is your first name? _____

S10. [IF ELIGIBLE AND WEB] You are eligible to take part in an online study conducted by the U.S. Food and Drug Administration (FDA). This survey will take about 40 minutes to

complete. The survey will ask questions about tobacco use, media use, illegal behaviors, opinions about tobacco, and experiences at home and at school. Everyone who completes the online study will receive a \$25 gift card by email.

[IF AGE=13 OR 14] We need your parent's/guardian's permission for you to take the survey. Your answers will not be shared with your parent/guardian. They will be kept private.

Please provide the information below. If your parent/guardian gives their permission for you to take the survey, we will send the survey link to you.

Parent/Guardian Name _____
Phone Number _____

S10a. [IF ELIGIBLE AND WEB AND AGE=15-17] You will be sent to the survey on the next screen. In case you don't finish the survey today or in case we need to reach you, please enter you email address. We will only use this address to contact you about the study.

Email address: _____

Verify Email address: _____

S11. [IF WEB AND AGE=13 OR 14] The survey can be taken on a computer, tablet or on the web on a smart phone, like an iPhone or an Android. How do you prefer to take the survey?

- Laptop/Desktop Computer
- Tablet
- Cell Phone

S12. [IF WEB IF AGE=13 OR 14] Thanks! Please provide your contact information so that we can send you the survey. We will try to send it with email or text, depending on which way you prefer. Just in case, please provide both your email and cell phone number. We will only use this information to contact you about the survey.

Your email address _____
 I don't have an email address

Your cell phone number (xxx-xxx-xxxx) ____-____-_____
 I don't have a cell phone

S13. [IF DON'T HAVE EMAIL ADDRESS AND WEB IF AGE=13 OR 14]

Can you please provide the email address of someone in your family? We can email the survey to them and ask them to share it with you

Family member's email address _____
 Don't Know Family Member's email address

S14. [IF NO CELL PHONE AND WEB AND IF AGE=13 OR 14]

Can you please provide the cell phone number of someone in your family who will share their phone with you?

Family member's cell phone number (xxx-xxx-xxxx) ____-____-_____
 Don't Know Family Member's cell phone number

S14a. [IF NO PHONE, EMAIL, FAMILY EMAIL OR FAMILY PHONE AND WEB AND IF AGE=13 OR 14] To be able to take the next survey, you need to provide contact information. Please provide an email address or a cell phone number below.

Email_____

Cell Phone (xxx-xxx-xxxx) ___-___-_____

I don't have/know this information

S14b. [IF S14a=I DON'T HAVE INFO AND WEB AND AGE=13 OR 14] Thank you for your responses. That was the last question.

S15. [IF WEB AND AGE=13 OR 14] Thank you for your responses! Please be on the look-out for an email or text message with a link to the survey in the next few days. Everyone who completes the survey will receive a \$25 virtual Gift Card.

S16. PROGRAMMER: IF R IS 15-17 AND ELIGIBLE, ROUTE TO THE BEGINNING OF THE MAIN INSTRUMENT.

Thank you for your time.

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 5 minutes per response to complete the web screener (the time estimated to read, review, respond). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRASStaff@fda.hhs.gov